

CLAIMS ONLY

Application Number

101699399

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1	<u> </u>						51			
2	<u> </u>						52			
3	/						53			
4	/						54			
5	/						55			
6	/						56			
7	/						57			
8	/						58			
9	/						59			
10	/						60			
11	/						61			
12	/						62			
13	<u> </u>						63			
14	<u> </u>						64			
15	/						65			
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18	/						68			
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23	/						73			
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25	/						75			
26	/						76			
27	/						77			
28	<u> </u>						78			
29	/						79			
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31	/						81			
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33							83			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	4						Total Indep			
Total Depend	23						Total Depend			
Total Claims	27						Total Claims			